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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Serial No	10/643.514
Filing Date	
Confirmation No	4508
Inventorship	
Applicant	ERC
Group Art Unit	3627
Examiner	FISCHER, ANDREW J.
Attorney's Docket No.	
Title: Architecture for Account Reconciliation	

Date: 2/3/05

INFORMATION DISCLOSURE STATEMENT

References -- See Attached Form PTO-1449

## **REMARKS**

The citations listed, copies attached, are submitted in compliance with the duty of disclosure defined in 37 CFR §1.56. The Examiner is requested to make these citations of official record in this application.

Respectfully Submitted,

By:

Lewis C. Lee Reg. No. 34656

PTO/SB/08B (04-03)

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Substitute for fo	9				plete if Known
				Application Number	10/643,514
INFO	PRMATION	N DISC	LOSURE	Filing Date	8/19/2003
STA	TEMENT	BY AP	PLICANT	First Named Inventor	James Bracken
				Group Art Unit	3627
	(use as many sh	neets as ned	essary)	Examiner Name	FISCHER, ANDREW J.
Sheet	1	of	1	Attorney Docket Number	ER1-001US

FEB T 7 2005

Evaminar	Cita	NON PATENT LITERATURE DOCUMENTS  Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the	
Examiner Initials*	Cite, No.	item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s),	T <sup>2</sup>
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- SEDIFORD CONTRACT	<b>†</b>		$\vdash$

Examiner Date 03/24/2008 /Luna Champagne/ Signature Considered

\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Applicant's unique citation designation number (optional). Applicant is to place a check mark here if English language Translation is attached. This collection of information is required by 37 CFR 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 120 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/21 (08-03)

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	o persons are require	d to respond to a collection of in Application Number	formation unless it displays a valid OMB control number.
MADEMARK		Filing Date	10/643,514
TRANSMITTAL		First Named Inventor	8/19/2003
FORM			Bracken et al.
(to be used for all correspondence after in	itial filing)	Group Art Unit	3627
	•	Examiner Name	Fischer, Andrew J.
Total Number of Pages in This Submission	on	Attorney Docket Number	ER1-001US
	ENCLOSUR	ES (check all that apply)	
Fee Transmittal Form Fee Attached  Amendment / Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Documents Response to Missing Parts/ Incomplete Application  Response to Missing Parts under 37 CFR 1.52 or 1.53	Petitio Petitio Provisi Power Chang Addres Termir Reque	ing-related Papers n n to Convert to a ional Application of Attorney, Revocation le of Correspondence	After Allowance Communication to Group  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please identify below):  Form PTO-1449 and 4 cited references Return Receipt Postcard
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Date 2/3/05			
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PTO/SB/17 (12-04)
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## FEE TRANSMITTA For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 0

	Complete if Known	
Application Number	10/643,514	
Filing Date	8/19/2003	
First Named Inventor	Bracken et al.	
Examiner Name	Fischer, Andrew J.	
Art Unit	3627	
Attorney Docket No.	ER1-001US	

Check Credit Card Money Order None Other (please identify):    Deposit Account   Deposit Account Number   12-0769   Deposit Account Name: Lee & Hayes, PLLC
Total Claims   Face   Claims   Fee (\$)   Fee
FILING FEES   Small Entity   Fee (\$)   Fee (
Application Type
Utility       300       150       500       250       200       100         Design       200       100       100       50       130       65         Plant       200       100       300       150       160       80         Reissue       300       150       500       250       600       300         Provisional       200       100       0       0       0       0         2. EXCESS CLAIM FEES       Fee Description         Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent       50       25         Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent       200       100         Multiple dependent claims       360       180         Total Claims       Extra Claims       Fee (\$)       Fee Paid (\$)       Multiple Dependent Claims
Plant         200         100         300         150         160         80
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0  2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 400 100 Multiple dependent claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Each independent claims  Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  Small Entity Fee (\$) Fee (\$) Fee (\$)  100 180
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Each independent claims  Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee (\$)  Fee (\$)  Authorized Claims  Multiple Dependent Claims  Fee (\$)  Multiple Dependent Claims
HP = highest number of total claims paid for, if greater than 20
Indep. Claims
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  (round up to a whole number) x  Fee (\$)  Fee Paid (\$)
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other:

SUBMITTED BY Registration No. Signature Telephone (509) 324-9256 34656 (Attorney/Agent) Name (Print/Type) Lewis C. Lee Date

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